APPLICATION FOR CHANGE IN ZONING DISTRICT BOUNDARIES TO THE PLANNING & ZONING BOARD

	Zoning File No	
	Date:	
I (We),	of(Mailing Address)	
(Name)	(Mailing Address)	
respectfully request that the following pa	rcel legally described as:	
Local Address:		
be rezoned from	to	·
Legal Owner(s) of Property:		
l,(Property Owner)		authorize the
applicant as agent for the above named p	property.	
	een filed in connection with the property	
Existing Use:		
Proposed Use:		
Explanation of why present zoning is no lo	onger appropriate:	
Date:	_, 20	

Signature of Applicant

Signature of Applicant

Following is an abstractor's plat and list of property owners within 200 feet of the exterior limits of the property involved in this request, together with addresses of same:

<u>NAME</u>	<u>ADDRESS</u>
	_

Please include the following:

- Fee: \$125.00 paid to City Office.
- A plat showing existing and proposed locations, dimensions and use of the applicant's property.
- A map showing all property within two-hundred (200) feet thereof, including streets, alleys, railroads, and other physical features.